



# First Aid & Administration of Medicines Procedures Policy Statement

## Wightwick Hall School

Review date: Summer Term 2022  
Logistics Committee

Next Review: Summer Term 2023

## Rationale

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend to emergency first aid provision and the administration of medicines.

## Purpose

This policy:

1. Gives clear structures and guideline to all staff regarding all areas of first aid and medicines.
2. Clearly defines the responsibilities and the staff.
3. Enables staff to see where their responsibilities end.
4. Enables the safe use and storage of medicines in the school.
5. Enables the safe administration of medicines in the school.
6. Ensures good first aid cover is available in the school.

## Guidelines

New staff to the school are made aware of these guidelines during their induction. These guidelines are regularly reviewed and updated. The safety and the wellbeing of all students and staff in receipt of medication and first aid treatment is a priority.

## Conclusion

The administration and organisation of first aid and medicines provision is taken very seriously at Wightwick Hall School. There are annual procedures that check on the safety and systems that are in place in this policy. The school takes part in the Health and Safety checks carried out by Staffordshire County Council.

# First Aid Policy Guidelines

## First Aid in School

### Training

We have five fully trained first aiders {Appendix 1} to enable there to always be one on the premises at any one time. Our five first aiders attend retraining courses as required.

### First Aid Kits

There are eleven first aid kits placed around the school to enable all areas access to emergency first aid {Appendix 2}. In addition to this there are two travel kits to be signed out from the office for out of school activities.

### Cuts

The nearest adult deals with small cuts. All cuts should be treated with a medi-wipe or water. Children should always be asked if they can wear plasters BEFORE one is applied. Pupils who are allergic to plasters will be given an alternative dressing.

Fully trained first aiders treat more severe cuts which are recorded in the accident file and parents are informed by telephone.

**ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES AND HAND SANITIZER.**

All blood waste is disposed of in the yellow bin, located in the medical room.

### Bumped Heads

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and guardians should be informed by a letter and when first aiders feel necessary a phone call should also be made. The teacher should be informed and staff should keep a close eye on the progress of the pupil. All bumped head incidents are recorded in the accident book.

## Treatment for Epilepsy, Asthma and Anaphylactic Shock

Students have individual care plans (Appendix 3 for general guidance).

## Accident Book

The accident book is located in the school office. All treatment given will be recorded in the accident book and appropriate recording sheets. In the event of a major accident further forms set by Staffordshire County Council must be completed and procedures will be followed.

## Calling the Emergency Services

In the case of major accidents, or sudden illness it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services they must:

- State what has happened
- The child's name
- The age of the child
- Whether the casualty is breathing and / or unconscious
- The location of the school

In the event of the emergency services being called, a member of the Admin staff or another member of staff, should wait by the school gate on Tinacre Hill and guide the emergency vehicle into the school.

If the casualty is a pupil, their parents/guardians should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be contacted immediately. All contact numbers for pupils and staff are located in the school office.

# Administration of Medicines Policy Guidelines

## Administration of Medicines in School

### Medicines

Students should only bring prescribed medicines to school accompanied by a written request from parents. (Forms are available from the school office).

All medicines **must** be provided in the **original container** issued by the Pharmacist, clearly labelled with the students name and instructions regarding the dose and the times at which it should be taken. **THE SCHOOL WILL NOT ACCEPT ITEMS OF MEDICATION IN UNLABELLED CONTAINERS.**

All Medicines to be administered at school must be handed in to the school office to be recorded {See appendix 4}. Medicines will be locked away securely and administered by staff trained in the administration of medication. When medication is administered it must be recorded and signed on the administration of medication forms.

**NO PUPIL WILL BE GIVEN MEDICATION WITHOUT HIS/HER PARENTS WRITTEN CONSENT.**

It is our general policy **NOT** to take responsibility for the administration of non prescribed medicines (e.g. Calpol, Paracetamol provided by the parents).

### Recording and Monitoring Records

An individual record for each child must be completed every time medicine is administered.

The medicine administration record should include:

- Name of pupil
- Name, strength and dosage of drug
- Date
- Signature of member of staff administering medication

All medication recording sheets are provided by the school nurse. All administered controlled drugs are recorded in the controlled drugs record book.

### Emergency or Complex Medication

For each pupil with a long term or complex medication need, a medication care plan will be drawn up in conjunction with health professionals.

### Training

Where staff are required to carry out specialised administration of medicines or emergency treatment to students, appropriate professional training will be undertaken.

### Medication on Educational Visits

The administration of medication applies to pupils who are off site on educational visits. The school will make every effort to continue the administration of medication to a pupil whilst on a school trip. The responsible adult should carry medication and record sheets and ensure medication is administered.

### Asthma and Inhalers

Pupils who need to use an asthmatic inhaler in school should be taught how to self administer. They are then allowed to keep them in the classroom where they are available as required.

### Emergency Inhalers for Asthma

There are three emergency inhaler kits available in school. These are situated in the school office, Bannatyne kitchen and the first floor office. These inhalers should only be available to students on the **Emergency Inhaler Register** and **must always** be overseen by a trained first aider. (See Asthma Documentation for School Policy and Procedures.)

## **Appendix 1**

### **Trained First Aiders**

The following members of staff are trained qualified first aiders:

- 1: Paula Bruce
- 2: Andy Bill
- 3: Ashleigh Wilkinson
- 4: Niamh Bruce
- 5: Scott Edge

## **Appendix 2**

### Location of First Aid Kits

- 1) Medical Room
- 2) School Office
- 3) Conference Room
- 4) School Kitchen
- 5) School Hall
- 6) Coffee Shop
- 7) Bannatyne Kitchen
- 8) Science Classroom
- 9) Main Building 1<sup>st</sup> Floor Landing
- 10) Main Building Kitchen
- 11) Hickman House

## **Appendix 3**

### Guidance on Asthma, Epilepsy and Anaphylactic shock

#### **Asthma**

##### HOW TO RECOGNISE AN ASTHMA ATTACK

- 1) Persistent cough (when at rest)
- 2) A wheezing sound coming from the chest (when at rest)
- 3) Difficulty breathing (the casualty could be breathing fast and with effort, using all accessory muscles in the upper body)
- 4) Nasal flaring
- 5) Unable to talk or complete sentences.
- 6) May try to tell you that their chest 'feels tight'.

##### **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CASUALTY**

- 7) Appears exhausted
- 8) Has a blue/white tinge around lips
- 9) Is going blue
- 10) Has collapsed

##### EMERGENCY PROCEDURE

- 1) Keep calm and reassure the Casualty
- 2) Encourage the casualty to sit up and slightly forward
- 3) Use the child's own inhaler if not available, use the emergency inhaler
- 4) Remain with the casualty while the inhaler and spacer are brought to them
- 5) Immediately help the casualty to take two puffs of salbutamol via the spacer
- 6) If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- 7) Stay calm and reassure the casualty. Stay with the casualty until they feel better.
- 8) If the casualty does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- 9) If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

#### **Epilepsy**

##### HOW TO RECOGNISE EPILEPSY

- 1) Sudden unconsciousness
- 2) Rigidity and arching of the back
- 3) Breathing may become difficult; lips may be a blue-grey tinge.

- 4) Convulsive movements the jaw may be clenched and breathing may be noisy.
- 5) Possible loss of bladder or bowel control.
- 6) Muscles relax and breathing becomes normal. The casualty recovers consciousness usually within a few minutes. They may feel dazed or confused.
- 7) After a seizure the casualty may feel tired and fall into a deep sleep.

#### EMERGENCY PROCEDURE

- 1) Protect the casualty from injury during the seizure by clearing any dangers. Do not move the casualty unless they are in immediate danger.
- 2) Protect the casualty's head place something soft underneath or around the neck.
- 3) Time the seizure.
- 4) When seizure is finished place casualty in the recovery position.

#### **CALL 999/112 FOR EMERGENCY HELP IF:**

The casualty is having repeated seizures or is having a first seizure.  
The seizure continues for more than five minutes.  
The casualty is unconscious for more than 10 minutes.

### **Anaphylactic Shock**

#### HOW TO RECOGNISE ANAPHYLACTIC SHOCK

- 1) Red blotchy skin, itchy rash and red itchy watery eyes.
- 2) Swelling of hands feet and face.
- 3) Puffiness around the eyes.
- 4) Difficulty breathing, ranging from tight chest to severe difficulty which causes wheezing and gasping for air.
- 5) Swelling of tongue and throat.
- 6) Abdominal pain, vomiting and diarrhoea.
- 7) A feeling of terror.
- 8) Signs of shock leading to unconsciousness.

#### EMERGENCY PROCEDURE

- 1) Call 999/112 for emergency help.
- 2) Check whether the casualty has a syringe/epipen and if trained help them to use it. Hold it in your fist; pull off the safety cap, place firmly against the casualty's thigh to release the medication (it can be delivered through clothing)
- 3) Reassure the casualty and help them to sit in a position that eases any breathing difficulties. If they become pale with a weak pulse, lay them down with legs raised as for shock.
- 4) Monitor the casualty. Repeated doses of adrenaline can be given after five minutes if there is no improvement.

